



State of Connecticut

Department of Public Safety / Division of State Police

## ACCIDENT INFORMATION SUMMARY

State Police Troop: I BethanyCase Number: DPS-06-013446

Notations:

Traffic: ✓Weather: ClearLane: ofDirection of Travel: N S E WInvestigating Trooper: Azzaro #536Date: 3-24-06Time: 0102No. & Type of Veh's Involved: 1 CAR VS TREE  
(Passenger Car, Truck, Bus, Etc.)

Related Information:

(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: ProspectLocation of Accident: Straitsville Rd. / north of Putting Green

Utility Pole Name &amp; Number (If Applicable):

Other (Specify):

Oper #1: Undetermined at this time

Oper #2:

DOB: N/AGender: ☒ M ☐ F

DOB:

Gender: ☐ M ☐ FAddress: N/A

Address:

Town: N/A

State:

Zip:

Town:

State:

Zip:

Oper. Lic. # N/A

Type:

State:

Oper. Lic. #

Type:

State:

Owner #1: Carlson, John, A

Owner #2:

Address: 46 Walnut Street

Address:

Registration Plate: 561PRYState: CT

Registration Plate:

State:

Make: CHEVModel: CAMEROYear: 99

Make:

Model:

Year:

VIN: 2G1FP22K8X2124096

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☒ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: ALLSTATE

Insurance Company:

Insurance Policy #: 919029886

Insurance Policy #:

Injuries: YES / FATAL

Injuries:

Vehicle Damage: ALL SIDES

Vehicle Damage:

Vehicle Towed: ☐ No ☒ Yes, Prospect TowingVehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Carlson, John A DOB 2-12-8546 Walnut StreetNaugatuck, CT. 06770Oper #3: Kane, JustinDOB - 5-14-85289 Evening Star DriveNaugatuck, Ct. 06770 Gender: ☐ M ☐ F

Oper #4:

DOB:

Gender: ☐ M ☐ F

Address:

Address:

Town:

State:

Zip:

Town:

State:

Zip:

Oper. Lic. #

Type:

State:

Oper. Lic. #

Type:

State:

Owner #3:

Owner #4:

Address:

Address:

Registration Plate:

State:

Registration Plate:

State:

Make:

Model:

Year:

Make:

Model:

Year:

VIN:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Company:

Insurance Policy #:

Insurance Policy #:

Injuries:

Injuries:

Vehicle Damage:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

**Brief Description of Accident**

Vehicle #1 was traveling Stratsville Rd north of Putting Green Drive in the town of Prospect when the vehicle moved abruptly into the left lane and shoulder eventually striking a tree located in the left shoulder. A small fire started in the passenger compartment. Both operator and passenger pronounced dead at the scene.

This investigation is: ☒ Open / Continuing ☐ Closed

**MEDICAL ATTENTION:**#1 Ambulance ☐ Yes, Company ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#2 Ambulance ☐ Yes, Company ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#3 Ambulance ☐ Yes, Company ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#4 Ambulance ☐ Yes, Company ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

**FATALITIES: Do Not Release Unless Next of Kin Notified**Name Kane, Justin, WNext of Kin Notified? ☒ Yes ☐ No

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ NoName Carlson, John, ANext of Kin Notified? ☒ Yes ☐ No

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No**ENFORCEMENT ACTION:**

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Supervisor's Approval Required: Signature

SGT. [Signature]

Date

3/24/06